

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>65018</i>	<i>3/16/60</i>
O.I.P.E. CLASSIFIER			<i>3/21/60</i>
FORMALITY REVIEW			<i>5-5-60</i>
RESPONSE FORMALITY REVIEW	BEST		COPY

INDEX OF CLAIMS

✓ Requested
 = Added
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	/	/	4/19/60
2	/	/	1/26/61
3	/	/	9/29/62
4	/	/	3/24/63
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If more than 150 claims or 10 actions
staple additional sheet here

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